

P06000100454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200162129852

10/26/09--01023--015 **35.00

FILED
09 OCT 26 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Resign
C.COULLETTE

OCT 28 2009

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Virtual Nurse, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P06000100454

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

William Kelly, President

(Name of Person)

Virtual Nurse, Inc.

(Name of Firm/Company)

Suite 250, 2332 Galiano Street

(Address)

Coral Gables, Florida 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

William Kelly

(Name of Person)

at (561) 313-1876

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Amelia Rea Maguire, hereby resign as D, VP, T and Corp Sec.
(Title)

of Virtual Nurse, Inc.
(Name of Corporation)

P06000100454, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Amelia Rea Maguire Sept 28, 2009
(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
09 OCT 26 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA